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Arizona Medical Board

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Vice-Chair

Douglas D. Lee, M.D.
Secretary

September 6, 2005

Donald R. Schieve, M.D.
1830 Highway 95
Bullhead City AZ 86442-6803

RE: AMB v Donald R. Schieve, M.D.
Case # MD-04-1520A

Dear Dr. Schieve:

The purpose of this letter is to inform you that during the course of the August 10, 2005 public meeting, the Arizona Medical Board (Board) reviewed the above-referenced complaint and all pertinent evidence and information gathered during the investigation. At the conclusion of its review, the Board voted to issue an Advisory Letter for failure to record an intraocular pressure. The violation is a minor violation that is not of sufficient merit to warrant discipline.

An advisory letter is a non-disciplinary action, and is not subject to review by either the Board or the Courts. See *Murphy v. Board of Medical Examiners of the State of Arizona*, 190 Ariz. 441, 949 P.2d 530 (App. 1997). However, you may file a written response to the letter with the Board within thirty days after its receipt A.R.S. § 32-1451(E)(2). If timely received, the response will be attached to the advisory letter and maintained in your permanent file. The written response will also be hyperlinked to your profile on the Board's website.

Sincerely,

A handwritten signature in cursive script that reads "Erica Bouton".

Erica Bouton
Board Coordinator
E-Mail: boardcoordinator@azmdboard.org
Phone: (480) 551-2820
Fax: (480) 551-2705

cc: Investigation File
Permanent File # 18602

DONALD R. SCHIEVE, M.D.

Board Certified Pathologist

Board Certified Ophthalmologist

1830 Highway 95

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(928) 704-4747

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September 12, 2005

Arizona Medical Board

9545 E. Doubletree Ranch Road

Scottsdale, AZ. 85258-5514

Re: AMB v. DONALD R. SCHIEVE, M.D.

Case Number: MD-04-1520A

Dear Sirs:

Concerning your advisory letter in the above-referred matter please note that I take full responsibility for failure to record and enter ocular pressure as I am quite sure that I, in fact, did take that pressure; however, since it was not recorded this is an obvious error I take responsibility for this.

The Board should be informed that in the matter of intraocular pressures, this is not an end-all in the diagnoses of glaucoma. I have treated glaucoma with surgery and laser for many years and I do feel that I have a better than average understanding of this tragic disease. The best single screening test of glaucoma is a good look at the optic nerve by an experienced person who understands what a diseased nerve looks like and is able to separate it from normal anatomic variations.

In addition, I must point out that a significant number of people who actually have open angle glaucoma, at some time during the day, as there is a wide diurnal variation, have a normal pressure. Of course, the fact that they have a normal pressure obviously does not mean that they do not have glaucoma; however, I have seen, over the years, several cases in which patients were told they did not have glaucoma as their pressure was normal, and on their next visit to me one year later, they had obvious far advanced glaucoma.

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Happily, there is a solution to early diagnosis of glaucoma and that is as laser topography and evaluation of retinal nerve fiber layers becomes more available and less expensive, we will no longer have to rely on conventional methods to diagnose and treat this condition.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "D. Schieve", followed by a stylized flourish or monogram.

DONALD R. SCHIEVE, M.D.

**/ms
encl.**